

**Tickets Provided by  
Agency Report****A Public Document**TICKETS PROVIDED BY  
AGENCY REPORT

<b>1. Agency Name</b> County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisor Street Address 500 W. Temple St. Room 869, Los Angeles 90012 Area Code/Phone Number 213-974-5555 Agency Contact (name and title) Linda Balderrama - Ticket Administrator		Date Stamp	<b>California Form 802</b> For Official Use Only
E-mail fifthdistrict.lacbos.org		<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 2 / 27 / 10 Description of Event: LA Philharmonic  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Face Value of Ticket: \$ 100.00

Agency Event ☒ Yes ☐ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: LA Philharmonic  
Number of Tickets Received: 2 Ticket(s) Provided to Agency: ☒ Gratuitously ☐ Pursuant to Contract

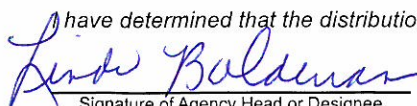
**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Nicholas Holden-Community Relations Assistant  
Name of Individual or Organization: Painted Turtle Number of Tickets: 2  
Description of Organization: Foundation for camp ground for children with illnesses  
Address of Organization: 1300 -4th St, Suite 300 Santa Monica CA 90401  
Number and Street City State Zip Code  
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
Auction item for their fundraiser

**5. Verification**

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.  
 Linda Balderrama Ticket Administrator 1-15-10  
Signature of Agency Head or Designee Print Name Title (month, day, year)  
Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 2 / 27 / 10 Description of Event: LA Philharmonic  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Face Value of Ticket: \$ 93<sup>00</sup>  
Agency Event ☒ Yes ☐ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: LA Philharmonic  
Number of Tickets Received: 2 Ticket(s) Provided to Agency: ☒ Gratuitously ☐ Pursuant to Contract

**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)


Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Catherine Mak - Staff Analyst	2	Dept. of Public Health Services Employee Recognition

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

Name of Behesting Agency Official: \_\_\_\_\_  
Name of Individual or Organization: \_\_\_\_\_ Number of Tickets: \_\_\_\_\_  
Description of Organization: \_\_\_\_\_  
Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code  
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
Auction item for their fundraiser

**5. Verification**

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 Linda Balderrama Ticket Administrator 1-15-10  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 1 / 30 / 10 Description of Event: LA Balalaika Orchestra Anniversary Concert  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Face Value of Ticket: \$ 32.00  
Agency Event ☒ Yes ☐ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: LA Balalaika Orchestra  
Number of Tickets Received: 6 Ticket(s) Provided to Agency: ☒ Gratuitously ☐ Pursuant to Contract

**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Michael Antonovich	6	Promoting intergovernmental relations

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

Name of Behesting Agency Official: \_\_\_\_\_  
Name of Individual or Organization: \_\_\_\_\_ Number of Tickets: \_\_\_\_\_  
Description of Organization: \_\_\_\_\_  
Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code  
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
Auction item for their fundraiser

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Signature of Agency Head or Designee Print Name Title (month, day, year)

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